10-749704

PATENT APPLICATION FEE DETERMINATION RECOF									RD TEK-021PUS					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL			
TOTAL CLAIMS			19					RATE	FEE]	RATE	FEE		
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00		
TC	TAL CHARGE	ABLE CLAIMS	19 minus 20=		*		l	X\$ 9=		OR	X\$18=			
N	DEPENDENT C	LAIMS ·	Z minus 3 =				ı	X43=		OR	X86=			
ΜL	ILTIPLE DEPE	NDENT CLAIM P	RESENT				ı	+145=		OR	+290=			
· 11	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2	į	TOTAL		OR	TOTAL	270		
	~	A PA PMIA IS	MENDE) - PAR'	TII			, 0 ,, 12		10	OTHER			
į	1-11-07	(Column 1)		MENDED - PART II (Column 2) (Column 3)				SMALL ENTITY			SMALL			
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	- 20	Minus	** 2	<u></u> 0	=		X\$ 9=		OR	X\$18=			
M M M	Independent	. 3	Minus	***	3	=	Ī	X43=		OR	X86=			
_	FIRST PRESE	ENTATION OF MU	JLTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=			
			•				L	TOTAL		OP.	TOTAL			
		(Column 1)		(Colum	nn 2)	(Column 3)	Α	DDIT. FEE			ADDIT. FEE			
AMENDMENI B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=	ŀ	X43=		OR	X86=			
`	FIRST PRESE	NTATION OF MU	LTIPLE DEF	TIPLE DEPENDENT CLAIM			ŀ	+145=			+290=			
							L	TOTAL		OR	TOTAL	•		
							A	DDIT. FEE		OR ,	DOIT. FEE			
-		(Column 1) CLAIMS	_	(Colum		(Column 3)								
		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	44		-	Γ	X\$ 9=		OR	X\$18=			
	Independent	•	Minus	***		=	.	X43=		. I	X86=	-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
. 14	the entry in eat-	nn 1 je laan than th	anter in eater	ma 2 miles	'O' in act	humo 3	L	+145=		OR	+290=			
•• l	the "Highest Nur	nn 1 is less than the mber Previously Pai mbor Proviously Bo	d For IN THI	S SPACE is	less that	n 20, enter "20."	AE	TOTAL DOIT. FEE		OR	TOTAL DDIT. FEE			
		mber Previously Pai ber Previously Paid					fourt	d in the app	ropriate box	in colu	ımn 1.			